

Committee name	Dates of meetings
NATIONAL CENTER FOR TOXICOLOGICAL RESEARCH	
Advisory Committee on Special Studies Relating to the Possible Long-Term Health Effects of Phenoxy Herbicides and Contaminants (Ranch Hand Advisory Committee).	February 13–14
Science Board to the National Center for Toxicological Research	May 9

Dated: March 2, 1995.

Linda A. Suydam,

Interim Deputy Commissioner for Operations.

[FR Doc. 95–5824 Filed 3–8–95; 8:45 am]

BILLING CODE 4160–01–F

Health Resources and Services

Administration Advisory Council; Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), announcement is made of the following National Advisory bodies scheduled to meet during the month of April 1995:

Name: Advisory Committee on Infant Mortality.

Date & Time: April 6–7, 1995, 9:00 a.m.

Place: Embassy Row Hotel, 2015 Massachusetts Ave., NW., Washington, DC 20037.

The meeting is open to the public.

Purpose: The Committee provides advice and recommendations to the Secretary on the following: Department programs which are directed at reducing infant mortality and improving the health status of pregnant women and infants; how best to coordinate the variety of Federal, State, local and private programs and efforts that are designed to deal with the health and social problems impacting on infant mortality; and the implementation of the Healthy Start initiative and infant mortality objectives from *Healthy People: 2000: National Health Promotion and Disease Prevention Objectives*.

Agenda: Topics that will be discussed include: Presentation on Quality Assurance in Managed Care and Medicaid Waiver Programs; updates on the Healthy Start Program; Welfare Reform; Prenatal Care Issues; and swearing in of new Committee members.

Anyone requiring information regarding the Committee should contact Dr. Peter van Dyck, Executive Secretary, Advisory Committee on Infant Mortality, Health Resources and Services Administration, Room 18–44, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857, Telephone (301) 443–2204.

Persons interested in attending any portion of the meeting should contact Ms. Kerry P. Nessler, Maternal and Child Health Bureau, Health Resources and Services Administration, Telephone (301) 443–2204.

Name: National Commission on Allied Health.

Date & Time: April 17–18, 1995, 8:00 a.m.

Place: Crystal Gateway Marriott, 1700 Jefferson Davis Highway, Arlington, Virginia 22202, (703) 920–3230.

The meeting is open to the public.

Purpose: The National Commission on Allied Health shall: (1) make recommendations to the Secretary of Health and Human Services, the Committee on Labor and Human Resources of the Senate, and the Committee on Energy and Commerce of the House of Representatives, with respect to: (A) The supply and distribution of allied health personnel throughout the United States; (B) current and future shortages or excesses of allied health personnel, particularly in medically underserved and rural communities; (C) priority research needs within the allied health professions; (D) appropriate Federal policies relating to the matters described in subparagraphs (A) through (C), including policies concerning changes in the financing of undergraduate and graduate allied health programs, changes in the types of allied health education, and the appropriate Federal role in the development of a research base in the allied health professions; (E) appropriate efforts to be carried out by health care facilities, schools and programs of allied health, and professional associations with respect to the matter referred to in subparagraph (A), including efforts for changes in undergraduate and graduate allied health education programs, and private support for research initiatives; (F) deficiencies and needs for improvements in existing data bases concerning the supply and distribution of training programs for allied health in the United States and steps that should be taken to eliminate such deficiencies; and (G) problems, and recommendations for the resolution of such problems, relating to the roles and functions of professionals within the allied health fields and other fields such as medicine and dentistry; and (2) encourage entities providing allied health education to conduct activities to voluntarily achieve the recommendations of the Commission.

Agenda: The agenda includes review by the Commission members of the Final Report incorporating materials from the four Committees (education, data, research, and workforce) and white papers; presentation of cross-cutting issues and final recommendation; discussion of issues and recommendations with professional associations, educators, licensing boards, third-party payers, consumer groups, and others.

Anyone requiring information regarding the Committee should contact Mr. Neil H. Sampson, Executive Secretary, National Commission on Allied Health, Bureau of Health Professions, Health Resources and Services Administration, room 8–101, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857, Telephone (301) 443–6853.

Name: National Advisory Council on Migrant Health.

Date and Time: April 22–23, 1995—8:00 a.m.

Place: Doubletree Hotel, 201 Marquette, NW., Albuquerque, NM 87102, 505/247–3344.

The meeting is open to the public.

Purpose: The Council is charged with advising, consulting with, and making recommendations to the Secretary and the Administrator, Health Resources and Services Administration, concerning the organization, operation, selection, and funding of Migrant Health Centers and other entities under grants and contracts under section 329 of the Public Health Service Act.

Agenda: The agenda includes a overview of Council general business activities and priorities. In addition, the Council will review and discuss the 1995/96 National Advisory Council on Migrant Health Recommendations.

The Council meeting is being held in conjunction with the National Association of Community Health Centers, Annual Migrant Health Conference, April 24–27, 1995.

Anyone requiring information regarding the subject Council should contact Susan Hagler, Migrant Health Program, Staff Support to the National Advisory Council on Migrant Health, Bureau of Primary Care, Health Resources and Services Administration, 4350 East West Highway, Room 7A6–1, Rockville, Maryland 20857, Telephone (301) 594–4302.

Name: National Advisory Council on Nurse Education and Practice.

Date and Time: April 27, 1995—8:30 a.m. to 5:00 p.m.

Place: Woodmont Room, Crown Plaza Hotel, 1750 Rockville Pike, Rockville, Maryland 20852.

Date and Time: April 28, 1995—8:30 a.m. to 3:00 p.m.

Place: Conference Room E, 3rd Floor, B Wing, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857.

The meeting is open to the Public 8:30 a.m.–5:00 p.m., April 27 and on April 28 from 8:30 a.m.–10:30 a.m. and from 1:00 p.m. for the remainder of the meeting.

Closed April 28, 10:30 a.m.–1:00 p.m.

Purpose: The Council advises the Secretary and Administrator, Health Resources and Services Administration, concerning general regulations and policy matters arising in the administration of the Nursing Education and Practice Improvement Amendments of 1992 (P.L. 102–148). The Council also performs final review of selected grant applications for Federal Assistance, and makes recommendations to the Administrator, HRSA.

Agenda: Agenda items for the meeting will cover announcements, considerations of minutes of the previous meeting, the reports of the Administrator, Health Resources and

Services Administration, the Director, Bureau of Health Professions, the Director, Division of Nursing, and staff reports. The council will also meet in breakout groups to discuss current issues related to nurse education and practice.

The meeting will be closed to the public on April 28, 10:30 a.m. to 1:00 p.m. for review of grant applications for Nursing Education Opportunities for Individuals from Disadvantaged Backgrounds. The closing is in accordance with the provisions set forth in section 552b(c)(6), Title 5 U.S.C., and the Determination by the Associate Administrator for Policy Coordination, Health Resources and Services Administration, pursuant to Public Law 92-463.

Anyone wishing to obtain a roster of members, minutes of meetings, or other relevant information should write or contact R. Margaret Truax, Executive Secretary, National Advisory Council on Nurse Education and Practice, Parklawn Building, Room 9-35, 5600 Fishers Lane, Rockville, Maryland 20857, Telephone (301) 443-5786.

Agenda Items are subject to change as priorities dictate.

Dated: March 3, 1995.

Jackie E. Baum,

Advisory Committee Management Officer, HRSA.

[FR Doc. 95-5693 Filed 3-8-95; 8:45 am]

BILLING CODE 4160-15-P

Social Security Administration

Privacy Act of 1974; Report of New Routine Use

AGENCY: Social Security Administration (SSA), Department of Health and Human Services (HHS).

ACTION: New Routine Use.

SUMMARY: In accordance with the Privacy Act (5 U.S.C. 552a(e)(4) and (11)), we are issuing public notice of our intent to establish a new routine use applicable to the system of records entitled Master Files of Social Security Number (SSN) Holders and SSN Applications, HHS/SSA/OSR, 09-60-0058. Under agreement with participating States, the proposed routine use will allow SSA to disclose Social Security numbers assigned to newborn children to the State in which the births are registered.

We invite public comment on this publication.

DATES: We filed a report of a new routine use with the Chairman, Committee on Government Reform and Oversight of the House of Representatives, the Chairman, Committee on Governmental Affairs of the Senate, and the Administrator, Office of Information and Regulatory Affairs, Office of Management and Budget on February 28, 1995. The

routine use will become effective as proposed, without further notice, on April 18, 1995, unless we receive comments on or before that date which would warrant preventing the routine use from taking effect.

ADDRESSES: Interested individuals may comment on this publication by writing to the SSA Privacy Officer, Social Security Administration, Room 3-A-6 Operations Building, 6401 Security Boulevard, Baltimore, Maryland 21235. (FAX number: 410/966-0869). All comments received will be available for public inspection at that address.

FOR FURTHER INFORMATION CONTACT: Thomas E. Price, Social Insurance Specialist, Confidentiality and Disclosure Branch, Office of Disclosure Policy, Social Security Administration, 3-A-6 Operations Building, 6401 Security Boulevard, Baltimore, Maryland 21235, telephone 410-965-6011.

SUPPLEMENTARY INFORMATION:

I. Discussion of Proposed Routine Use

More than four million children are born each year in the United States. The Social Security Administration (SSA) has encouraged application for, and assignment of, Social Security account numbers (SSN) to children at birth since 1989. To that end, SSA's Enumeration at Birth (EAB) program allows parents of newborn infants in most States to request an SSN as part of the State's birth registration process. When the EAB program is not used, parents can apply for a child's SSN for income tax purposes at a local SSA field office. State bureaus of vital statistics (BVS) accumulate the birth registration information received from hospitals and periodically send SSA an electronic file with the data needed to assign SSNs to the individuals in the file. SSA processes the file, assigns the SSNs, and sends an SSN card for each newborn to the child's parents.

Under the EAB program, SSA does not send the child's SSN to the State BVS unless the parents have agreed. Seven States now ask for parental consent to allow the child's SSN to become part of the birth record.

The proposed routine use would permit SSA to send the SSNs of newborns, and as a one time disclosure, the SSNs of children born since December 31, 1990, to the State BVS in which a birth is recorded without having to secure parental consent. The SSN would become part of the confidential portion of the birth record. Parents would also be given the option of requesting that their child's SSN not be included in the birth record.

States could use these SSNs as the primary identifying numbers in administering public health and income maintenance programs and in statistical research and evaluation projects. Public health program uses of the SSNs would include, but are not limited to, establishing public immunization registries, ensuring complete birth record registration by matching vital records with neonatal test results, conducting studies of factors contributing to infant mortality by linking birth and death records, and evaluating the efficacy of intervention programs such as the Women, Infants and Children (WIC) nutrition program, "Healthy Start" or other health maintenance programs. Income maintenance program purposes for which the States could use the SSNs include verifying the identity of applicants for services to families and children.

In all research and statistical studies involving record linkages with other data bases, the SSNs provided under this routine use would serve as the primary matching key, but would not be released for public use. Once the records are linked and a data set created, the personal identifying information (including SSNs) is usually removed. The resulting data set is used for aggregate analysis. Personal identifiers are retained in the data set only when they are determined to be necessary to the outcome of the study by an Institutional Review Board (IRB). Internal IRBs review all proposals for health research on human subjects in institutions conducting such research. IRBs also examine proposed protocols of investigations to determine if any unwarranted harm to individuals would result from the use of identifying data.

One benefit of the proposed new routine use is the potential value of the SSN to statewide Childhood Immunization Registries. Ensuring that all children complete the recommended series of immunizations (14 to 15 doses of vaccines by the second birthday) is the main goal of immunization programs. Although approximately 95% of all children in the United States begin the recommended series of immunizations, only about half complete the series by two years of age, a critical period for childhood disease prevention.

Statewide immunization information systems are a partial response to the problem of incomplete immunizations. Evaluating the immunization status of individuals is difficult because roughly 40% of children receive their immunizations from two or more providers and many parents do not